

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-003442

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Illinois** b. COUNTY **Sangamon**

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **St. Louis**

Length of stay in 1b

**1 month  
3 weeks**

c. CITY

OR TOWN

**Springfield,**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis-Little Rock  
Hospitals, Inc.,**

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS **2430 South Seventh**

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

**Harley**

Middle

**Vincent**

Last

**Field, Sr.**

## 4. DATE OF DEATH

Month

**Jan.**

Day

**2,**

Year

**1963.**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**Nov. 5, 1904**

## 9. AGE (last birthday)

**58 yrs.**

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Electrician**

## 10b. KIND OF BUSINESS OR INDUSTRY

**Railroad**

## 11. BIRTHPLACE (City and state or country)

**Iola, Illinois**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Harry Field**

## 13b. MOTHER'S MAIDEN NAME

**Fannie Rodgers**

## 14. NAME OF HUSBAND OR WIFE

**Margaret**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**no**

## 16. SOCIAL SECURITY NO.

**48**

## 17. INFORMANT

**Margaret Field**

## 2430 S. Seventh St.

**Springfield, Illinois**

## 18. CAUSE OF DEATH (Enter only one cause)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**ACUTE MYOCARDIAL INSUFF. E**

**CARDIAC STANDSTILL**

**TOXIC MYOCARDITIS**

**SEPTICEMIA**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

### INTERVAL BETWEEN ONSET AND DEATH

**2 DAYS -**

**8 DAYS -**

**10 DAYS -**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**POST OPERATIVE LEFT SUBPHRENIC ABSCESS**

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **Nov. 12, 1962** to **Jan. 2, 1963** and last saw her alive on **Jan. 2, 1963**

Death occurred at **6 P.M.,** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Newzhafer - M.D.**

## 22b. ADDRESS

**1755 South Grand Blvd.,**

## 22c. DATE SIGNED

**1-3-63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**1-5-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Oak Ridge Cemetery**

## 23d. LOCATION (City, town, or county)

**Springfield, Ill.**

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

**Bisch & Sons Funeral Home-Springfield,**

## 25. DATE RECD. BY LOCAL REG.

**JAN 4 1963**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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69

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James P. Sinkley*

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.